



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/714,485
		Filing Date	November 14, 2003
		First Named Inventor	Kevin L. Tally
		Art Unit	2875
		Examiner Name	Jason Han
Total Number of Pages in This Submission		Attorney Docket Number	10628.00087

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Drawing(s) One Replacement Sheet; One Marked up Sheet (Figure 12)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Remarks
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Express Mail No. EV 378040561 US
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	

- After Allowance Communication to Group
- Appeal Communication to Board of Appeals and Interferences
- Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
- Proprietary Information
- Status Letter
- Other Enclosure(s)
(please identify below):
Return Receipt Postcard;
Certificate of Mailing by Express Mail

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Jon O. Nelson Banner & Witcoff, Ltd.
Signature	
Date	December 2, 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name		
Signature		Date

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

O I P E J C
DEC 02 2004
PATENT & TRADEMARK OFFICE

FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 55

Complete If Known	
Application Number	10/714,485
Filing Date	November 14, 2003
First Named Inventor	Kevin L. Tally
Examiner Name	Jason Han
Art Unit	2875
Attorney Docket No.	10628.00087

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																																																																																																							
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number 19-0733 Deposit Account Name Banner & Witcoff, LTD.				3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Fee Code</td><td>Fee (\$)</td><td>Fee Code</td><td>Fee (\$)</td></tr> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td></tr> <tr><td>1252</td><td>430</td><td>2252</td><td>215</td></tr> <tr><td>1253</td><td>980</td><td>2253</td><td>490</td></tr> <tr><td>1254</td><td>1,530</td><td>2254</td><td>765</td></tr> <tr><td>1255</td><td>2,080</td><td>2255</td><td>1,040</td></tr> <tr><td>1401</td><td>340</td><td>2401</td><td>170</td></tr> <tr><td>1402</td><td>340</td><td>2402</td><td>170</td></tr> <tr><td>1403</td><td>300</td><td>2403</td><td>150</td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td></tr> <tr><td>1453</td><td>1,370</td><td>2453</td><td>685</td></tr> <tr><td>1501</td><td>1,370</td><td>2501</td><td>685</td></tr> <tr><td>1502</td><td>490</td><td>2502</td><td>245</td></tr> <tr><td>1503</td><td>660</td><td>2503</td><td>330</td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td></tr> <tr><td>1809</td><td>790</td><td>2809</td><td>395</td></tr> <tr><td>1810</td><td>790</td><td>2810</td><td>395</td></tr> <tr><td>1801</td><td>790</td><td>2801</td><td>395</td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td></tr> <tr><td colspan="4">Other fee (specify) _____</td></tr> <tr> <td colspan="4">*Reduced by Basic Filing Fee Paid</td> <td colspan="4">SUBTOTAL (3) (\$ 55)</td> </tr> </tbody> </table>				Large Entity	Small Entity	Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1051	130	2051	65	1052	50	2052	25	1053	130	1053	130	1812	2,520	1812	2,520	1804	920*	1804	920*	1805	1,840*	1805	1,840*	1251	110	2251	55	1252	430	2252	215	1253	980	2253	490	1254	1,530	2254	765	1255	2,080	2255	1,040	1401	340	2401	170	1402	340	2402	170	1403	300	2403	150	1451	1,510	1451	1,510	1452	110	2452	55	1453	1,370	2453	685	1501	1,370	2501	685	1502	490	2502	245	1503	660	2503	330	1460	130	1460	130	1807	50	1807	50	1806	180	1806	180	8021	40	8021	40	1809	790	2809	395	1810	790	2810	395	1801	790	2801	395	1802	900	1802	900	Other fee (specify) _____				*Reduced by Basic Filing Fee Paid				SUBTOTAL (3) (\$ 55)			
Large Entity	Small Entity	Fee Description	Fee Paid																																																																																																																																								
Fee Code	Fee (\$)	Fee Code	Fee (\$)																																																																																																																																								
1051	130	2051	65																																																																																																																																								
1052	50	2052	25																																																																																																																																								
1053	130	1053	130																																																																																																																																								
1812	2,520	1812	2,520																																																																																																																																								
1804	920*	1804	920*																																																																																																																																								
1805	1,840*	1805	1,840*																																																																																																																																								
1251	110	2251	55																																																																																																																																								
1252	430	2252	215																																																																																																																																								
1253	980	2253	490																																																																																																																																								
1254	1,530	2254	765																																																																																																																																								
1255	2,080	2255	1,040																																																																																																																																								
1401	340	2401	170																																																																																																																																								
1402	340	2402	170																																																																																																																																								
1403	300	2403	150																																																																																																																																								
1451	1,510	1451	1,510																																																																																																																																								
1452	110	2452	55																																																																																																																																								
1453	1,370	2453	685																																																																																																																																								
1501	1,370	2501	685																																																																																																																																								
1502	490	2502	245																																																																																																																																								
1503	660	2503	330																																																																																																																																								
1460	130	1460	130																																																																																																																																								
1807	50	1807	50																																																																																																																																								
1806	180	1806	180																																																																																																																																								
8021	40	8021	40																																																																																																																																								
1809	790	2809	395																																																																																																																																								
1810	790	2810	395																																																																																																																																								
1801	790	2801	395																																																																																																																																								
1802	900	1802	900																																																																																																																																								
Other fee (specify) _____																																																																																																																																											
*Reduced by Basic Filing Fee Paid				SUBTOTAL (3) (\$ 55)																																																																																																																																							
Total Claims -20 ** = 0 X 0 = 0 Independent Claims -3 ** = 0 X 0 = 0 Multiple Dependent 0 X 0 = 0				1. BASIC FILING FEE <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Fee Code</td><td>Fee (\$)</td><td>Fee Code</td><td>Fee (\$)</td></tr> <tr><td>1001</td><td>790</td><td>2001</td><td>395</td></tr> <tr><td>1002</td><td>350</td><td>2002</td><td>175</td></tr> <tr><td>1003</td><td>550</td><td>2003</td><td>275</td></tr> <tr><td>1004</td><td>790</td><td>2004</td><td>395</td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td></tr> <tr><td colspan="2">SUBTOTAL (1)</td><td colspan="2">(\$ 0)</td></tr> </tbody> </table> 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td></td><td>-20 **</td><td>= 0</td><td>= 0</td></tr> <tr><td></td><td>-3 **</td><td>= 0</td><td>= 0</td></tr> <tr><td></td><td></td><td>X 0</td><td>= 0</td></tr> </tbody> </table> 3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Fee Code</td><td>Fee (\$)</td><td>Fee Code</td><td>Fee (\$)</td></tr> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td></tr> <tr><td>1201</td><td>88</td><td>2201</td><td>44</td></tr> <tr><td>1203</td><td>300</td><td>2203</td><td>150</td></tr> <tr><td>1204</td><td>88</td><td>2204</td><td>44</td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td></tr> <tr><td colspan="2">SUBTOTAL (2)</td><td colspan="2">(\$ 0)</td></tr> </tbody> </table>				Large Entity	Small Entity	Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1001	790	2001	395	1002	350	2002	175	1003	550	2003	275	1004	790	2004	395	1005	160	2005	80	SUBTOTAL (1)		(\$ 0)		Total Claims	Extra Claims	Fee from below	Fee Paid		-20 **	= 0	= 0		-3 **	= 0	= 0			X 0	= 0	Large Entity	Small Entity	Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	18	2202	9	1201	88	2201	44	1203	300	2203	150	1204	88	2204	44	1205	18	2205	9	SUBTOTAL (2)		(\$ 0)																																																					
Large Entity	Small Entity	Fee Description	Fee Paid																																																																																																																																								
Fee Code	Fee (\$)	Fee Code	Fee (\$)																																																																																																																																								
1001	790	2001	395																																																																																																																																								
1002	350	2002	175																																																																																																																																								
1003	550	2003	275																																																																																																																																								
1004	790	2004	395																																																																																																																																								
1005	160	2005	80																																																																																																																																								
SUBTOTAL (1)		(\$ 0)																																																																																																																																									
Total Claims	Extra Claims	Fee from below	Fee Paid																																																																																																																																								
	-20 **	= 0	= 0																																																																																																																																								
	-3 **	= 0	= 0																																																																																																																																								
		X 0	= 0																																																																																																																																								
Large Entity	Small Entity	Fee Description	Fee Paid																																																																																																																																								
Fee Code	Fee (\$)	Fee Code	Fee (\$)																																																																																																																																								
1202	18	2202	9																																																																																																																																								
1201	88	2201	44																																																																																																																																								
1203	300	2203	150																																																																																																																																								
1204	88	2204	44																																																																																																																																								
1205	18	2205	9																																																																																																																																								
SUBTOTAL (2)		(\$ 0)																																																																																																																																									

**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY						Complete (if applicable)	
Name (Print/Type)	Jon O. Nelson	Registration No. (Attorney/Agent)	24,566	Telephone	312.463.5000		
Signature	<i>Jon O. Nelson</i>				Date	December 2, 2004	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.